



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

REGISTRATION

A COMPLETE APPLICATION FOR REGISTRATION SHALL INCLUDE THE FOLLOWING:

- ☐ Completed and signed Application. ([Attachment 2](#))
- ☐ Application fee of \$100.00 (Non-Refundable).
- ☐ Registration fee of \$50.00.
- ☐ A copy of your Disclosure Statement. ([Attachment 16](#))
- ☐ Criminal History fee of \$15.00

LICENSURE – Full / Conditional Application

(SEE CHAPTERS 2 THROUGH 6 OF THE BOARD'S RULES FOR REQUIREMENTS)

Licensed Professional Counselor
Licensed Marriage & Family Therapist

Licensed Clinical Professional Counselor
Licensed Pastoral Counselor*

A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:

- ☐ Completed and Signed Application Form. ([Attachment 1](#))
- ☐ Application Fee of \$100.00 (Non-Refundable).
- ☐ License Fee: Permanent License Fee \$300.00 / Conditional License Fee \$150.00
- ☐ Criminal History fee of \$15.00.
- ☐ Official Transcript - forwarded directly to the Board by the academic institution holding the transcript.
- ☐ Verification of Internship – form completed by the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience. ([Attachment 8](#))
- ☐ Applicants for **Full Licensure** must submit Completed Supervisor's Affidavit forms. ([Attachment 6](#)).
- ☐ Applicants for **Conditional Licensure** must submit a Proposed Supervision Plan using the enclosed form. ([Attachment 7](#))
- ☐ Reference Forms-3 forms to be completed by professionals in the counseling field and dated within one year prior to the date of application. ([Attachment 5](#))
- ☐ Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the Board directly by the organization holding the test scores or a request for examination. ([Attachment 10](#)) **If you are requesting to sit for the exam, please indicate test date on enclosed form.**
- ☐ A copy of your Disclosure Statement. ([Attachment 16](#))
- ☐ Education Worksheet for appropriate license applied for – Applicant must also submit a course brochure/catalog which describes courses. ([Attachment 12, 13, 14, or 15](#))

- ☐ Applicants for licensure as a Pastoral Counselor must also submit proof of call, appointment or charge by a church, synagogue, religious order or other clearly defined legal religious organization to perform these services as a function of ministry.

(NOTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY ORDER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)

INSTRUCTIONS FOR APPLICANTS LICENSED IN ANOTHER JURISDICTION (SEE CHAPTER 6 OF THE BOARD'S RULES)

There are three pathways to licensure as outlined below:

Pathway 1: Reciprocal agreement between the State of Maine and another jurisdiction*, or

Pathway 2- Substantially Equivalent License: Applicant submits evidence of 5 years actively practicing with a substantially equivalent license immediately preceding application that is in good standing, or

Pathway 3- Substantially Similar Qualifications: Applicant's qualifications are substantially similar to Maine's licensing requirements with a license that is in good standing.

*Currently, the State of Maine Board of Counseling Professionals Licensure has not entered into any reciprocal agreements with other jurisdictions. Therefore, applicants should submit their application according to either Pathway 2 or Pathway 3 if already licensed in another jurisdiction.

PATHWAY 2 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

- ☐ Completed and Signed Application Form. ([Attachment 1](#))
- ☐ Application Fee of \$100.00 (Non-Refundable).
- ☐ License Fee: Permanent License Fee \$300.00.
- ☐ Criminal History Check fee of \$15.00
- ☐ Official Transcript - forwarded directly to the Board by the academic institution holding the transcript.\
- ☐ Three reference forms completed by professionals in the counseling field and must be dated within one year prior to the date of application.
- ☐ A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction from which you are applying.
- ☐ A copy of all mental health licenses under which applicant practiced during the 5 consecutive years.
- ☐ Verification of mental health licensure from the jurisdiction(s) in which the applicant was ever licensed. ([Attachment 9](#))
- ☐ A copy of your disclosure statement ([Attachment 16](#))
- ☐ A resume and summary of applicant's licensed mental health practice.

PATHWAY 3 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

- ☐ Completed and Signed Application Form. ([Attachment 1](#))
- ☐ Application Fee of \$100.00 (Non-Refundable).
- ☐ License Fee: Permanent License Fee \$300.00.
- ☐ Criminal History Check fee of \$15.00
- ☐ Official Transcript - forwarded directly to the Board by the academic institution holding the transcript.\
- ☐ Three reference forms completed by professionals in the counseling field and must be dated within one year prior to the date of application.
- ☐ Verification of Internship – form completed by the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience. ([Attachment 8](#))
- ☐ Completed Supervisor's Affidavit forms. ([Attachment 6](#)).
- ☐ Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the Board directly by the organization holding the test scores or a request for examination. ([Attachment 10](#)) **If you are requesting to sit for the exam, please indicate test date on enclosed form.**
- ☐ A copy of your Disclosure Statement. ([Attachment 16](#))
- ☐ Education Worksheet for appropriate license applied for – Applicant must also submit a course brochure/catalog which describes courses. ([Attachment 12, 13, 14, or 15](#))
- ☐ A copy of all mental health licenses under which applicant practiced during the 5 consecutive years.
- ☐ Verification of mental health licensure from the jurisdiction(s) in which the applicant was ever licensed. ([Attachment 9](#))